All Payer Claims Database Advisory Group Regular Meeting

May 11, 2023

OHS
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Office *of* Health Strategy

Agenda Topics

	Agenda Item
1	Welcome and Call to Order & Introductions
2	Public Comment
3	**Action:** Review and Approve Minutes (Regular and Special Meeting)
4	APCD Strategic Prioritization
5	Data Submission Guide Update
6	APCD Projects
7	Health Information Technology Advisory Council Update
8	APCD Updates
9	APCD Data Release Committee Report
10	Wrap up & Meeting Adjournment

OHS CONNECTICUT Office of Health Strategy

Public Comment

(2 minutes per commenter)

Review and Approve Minutes

February 9, 2023 Regular Meeting &
April 26, 2023 Special Meeting

APCD Strategic Prioritization

Adrian Texidor, OHS

APCD Strategic Initiatives

Data Enhancements and Utilization

- Produce and publish data visualizations with APCD data
- Enhance and enrich APCD Data
- Pursue ERISA plan Involvement
- Increase the external uses of APCD data

Operational Enhancements

- Explore fee structure changes
- Refine APCD data request application and process
- Enact new APCD policies and procedures
- Fill APCD Data Release Committee & APCD Advisory Group vacancies
- Learning agendas

Overview of Feedback Received

- Feedback received from APCD Advisory Group and APCD Data Release Committee members
- Received feedback on 6 out of 8 proposals

Some Feedback Received

- Should contain information about the data e.g., years of data, types of data, completeness of reporting (ERISA, Private, Medicaid, Medicare), quality of race and ethnicity data, pre-authorizations, etc.
- Publishing a list of data requests and Public Use files. Example: https://nhchis.com/DataAndReport/LimitedUseDataRequests).
- Compare costs for episode of care bundles across the state geography and for different care settings for out of pocket spending comparisons
- Compare access to care and provider specialties across the state
- Is there an ability to look at health equity across the state by geographic location?
- Create a learning agenda for the APCD Advisory Group to facilitate use case guidance

Feedback Cont'd

- Create a learning agenda/ rubric for data release for external and internal entities
- The data application seems to still be focused on non-profit and research organizations, and that's rate-limiting.
- What is the demand for these types of files (public use files)?
  - Speak with other APCDs on how they have done so
  - Consider using an available resource, the State's Open Data portal to facilitate access
- Do fees collected support the APCD directly or go to the General Fund?
  - What group has the oversight of the fee structure?
  - Favor lowering or removing the fee structure to open up access.

Feedback Cont'd.

- Payor concern about how drug-specific rebate information at the national drug code level, performance-based rebates, fees, and administrative costs would be collected and reported. Rebates are not claim-based and should be evaluated separately. Consider using MA CHIA* model.
- This activity should be aligned to CONNIE as the ePA rule that CMS has published on 12/20./22 requires PA metrics to be collected and published. Aligning to these new FHIR based transactions could provide more data and the rule goes into affect 1/1/26.

Feedback cont'd.

- It may make more sense to gather data from Connie to supplement the APCD since all provider and health systems are required to exchange data for specific purposes. This data set will be more complete with data exchanged to support clinical care.
- The CT APCD should consider merging operations with CONNIE. The combined data would be much more valuable for research, but patients should have a right to approve this type of use. Using this data to improve care in CT is one thing. Selling the data for other purposes is when the member/patients rights should prevail.
- The transparency rule that requires hospitals and payers to publish cost information which is available in a metadata file for free on our website makes all researchers less likely to pay for data unless they need it to support specific projects that require the member longitudinal patient record.

Feedback Cont'd.

1). The first two proposed areas are important and useful

2). The third is as well and, having recently toiled in the world of Payer rate files that are published as a result of the Transparency regs, as well as the new enforceable fiduciary compliance regs, there is an entire spectrum of added value options for the APCD to consider on behalf of employers that are subject to ERISA, and that could be a very powerful inducement for them to provide data to the APCD:

a). MRF compliance -- Employers, as the plan sponsors, are actually on the hook for the publication of complete rate file that could be used to create Good Faith Estimates for their employees. The employers have delegated that task to their carriers/TPAs. I can tell you that these files are incomplete at best and that all the national carriers have defects in the published files, with no exceptions so far. In exchange for submitting their claims to the APCD (which the payers can no longer refuse to give to the employers because of the Transparency in Coverage law), and perhaps as part of an paid subscription, the APCD could ensure that the payer MRFs published on their behalf are consistent with the data on the claims paid/submitted. For info, I've worked on a similar project that yielded really problematic observations because most of the claims didn't have the corresponding info in the MRFs (meaning that the MRFs didn't have the provider/service/rate info that was on the claim)

b). Plan compliance with MH/BH Parity -- despite the regs, many plans are not compliant with the Parity laws, and the employer doesn't even know they are non-compliant

c). Plan value optimization -- Because prices have been hidden, it's been difficult for employers to really understand how much they could save -- and how much their employees could save -- if they spent their dollars in lower priced facilities

d). Good Faith Estimates -- Employers have to provider GFEs to employees/covered plan members and given the issues with (a) above, it's unclear how they will fully comply

Feedback Cont'd.

3). The above goes to the current restrictions on who can use and leverage the APCD data. The data application seems to still be focused on non-profit and research organizations, and that's rate-limiting and will stifle any ability to grow revenue. The reality is that the release of all price transparency files has, in my opinion, made the access to provider and rate-identifiable information critical, which the APCD has. However, the limits on which data elements can be released and used, and who can use it, makes the dataset a lot weaker and less useful than it could be. Others have figured this out and my sense is that the most critical part of the Strategic Plan should be to explore how to reduce those limitations and grant much broader access to the dataset.

Feedback Cont'd.

- Re: pursuing the self-funded/ERISA data: It would seem that one significant use that would attract self-funded plans, but that we have discussed little if at all is program integrity. Obviously access to the APCD data could give any plan a much fuller view of the activities of a given individual provider. This is the insight behind the Medicare-led Healthcare Fraud Prevention Partnership, where CMS, other federal programs, and any participating private insurers who contribute data can benefit from data submitted by the federal government and all participating commercial carriers, for instance by doing anti-fraud predictive analytics on the combined data set.

Prioritized Initiatives for 2023

- Rail One:
  - Website redesign
  - Application improvement
  - Enact new APCD Policies and Procedures
  - Fill APCD Data Release Committee and APCD Advisory Group Vacancies
  - Refine APCD data request application and process
  - Create and release deidentified Public Use File
- Rail Two: Produce and Publish Data Visualizations with APCD data
- Rail Three: Build knowledge base around ERISA plans integration into the CT APCD

How the rails were developed

- OHS prioritized the proposals based on three factors: resources, processes, and time

  - Resources = staffing, knowledge base, technical tools
  - Processes = do we have the processes in place to execute now, coordinating with other states/national efforts, stakeholder engagement (insurers/payors, employers and committees/advisory groups)
  - Time horizon

Input Requested

- Do you agree with the proposal prioritization for 2023?
  - If not, what would you change?
  - How would you reorganize the proposals?

- How would you order the data visualization implementation?
  - What would the average healthcare consumer be interested in

- Should we create a workgroup to build ERISA plan knowledge base?
  - If not, what are other suggestions?

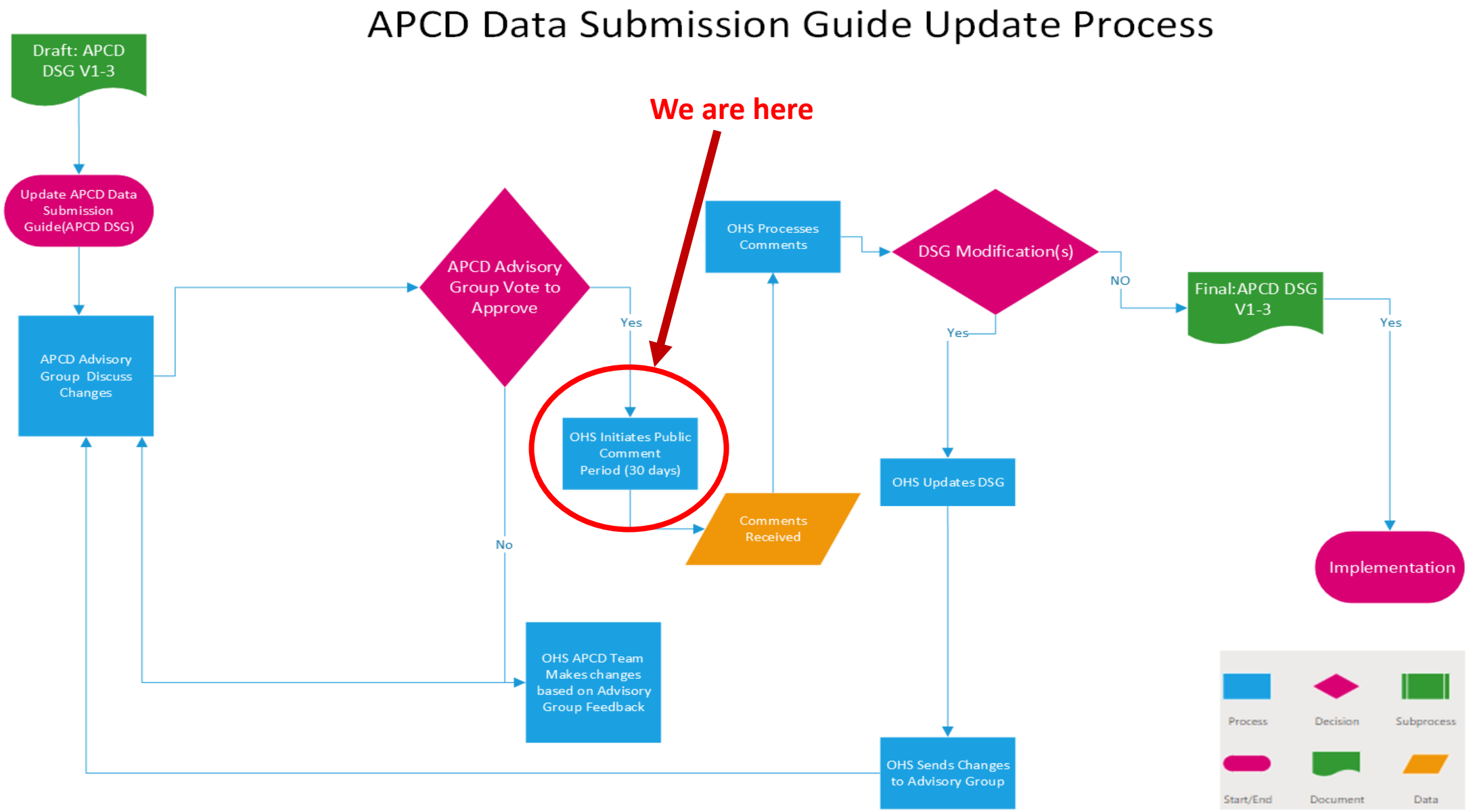
Data Visualizations ordering

1. Evaluate treatment patterns at the provider level including prescribing generic vs brand name drugs
   - What conditions and corresponding treatments should OHS prioritize?
2. Analyze prevalence of surprise billing in CT
3. Analyze chronic disease prevalence in particular populations based on insurance type and demographic factors
4. Evaluate preventable ED usage and costs among insurance types and demographics
5. Compare CT's Medicaid prices to commercial plan payments/prices for healthcare service

Data Submission Guide Update

Adrian Texidor, OHS

The Process


APCD Data Submission Guide Update Process
We are here
Draft: APCD DSG V1-3
Update APCD Data Submission Guide(APCD DSG)
APCD Advisory Group Discuss Changes
APCD Advisory Group Vote to Approve
Yes
No
OHS Initiates Public Comment Period (30 days)
Comments Received
OHS Processes Comments
DSG Modification(s)
Yes
NO
OHS Updates DSG
Final:APCD DSG V1-3
Yes
Implementation
OHS APCD Team Makes changes based on Advisory Group Feedback
OHS Sends Changes to Advisory Group
Process
Decision
Subprocess
Start/End
Document
Data

APCD Projects

Olga Armah, OHS

APCD Projects

- APCD Snapshot – Data Overview
- Cost Estimator
- Statewide Facilities Plan Preliminary Report
- Studies:
  - Telehealth
  - Behavioral Health Parity
  - Hospital Community Benefits
- Cost Growth Benchmark

APCD Updates

Olga Armah

APCD Data Types & Years Available

The APCD comprises **medical, pharmacy, and dental*** claims information from enrollment and eligibility files

Payer Source	Claim Type	Years Available
Commercial** ▪ Fully insured claims ▪ State Employees & Retirees ▪ Medicare Advantage (Medical only)	Eligibility/Enrollment Medical claims Pharmacy claims	1/1/2012 – 12/31/2022
Medicaid	Eligibility/Enrollment Medical claims Pharmacy claims	1/1/2015 – 12/31/2022
Medicare	Eligibility/Enrollment Medical claims Pharmacy claims	1/1/2012- 12/31/2019 1/1/2012 – 12/31/2018

*Collection slated to begin in 2023 including 3 historical years

**Anthem, Aetna, Cigna East, Cigna West, ConnectiCare, United Healthcare, HealthyCT, Harvard Pilgrim, Optum Health, Oxford, WellCare Health, eviCORE Healthcare, Express Scripts, Caremark

Reporting threshold – 3,000 members

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Health Information Technology Advisory Council Update

Sumit Sajnani, OHS HITO

APCD Data Release Committee Report

Dr. Patricia Checko, APCD-DRC Chair

Wrap up and Adjournment